



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	
hours per respo	nse16,00

SEC USE O	NLY
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DATE RECEIV	'ED
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UNIFORM LIMITED OFFERING EXEMI	PITON
Name of Offering ( check if this is an amendment and name has changed, and indicate change)  BLUE FLAME 2004, LTD.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE THE TOTAL T
Type of Filing: New Filing Amendment	SEP 2 2 20G4
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  BLUE FLAME 2004, LTD.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 14N679 ROUTE 25 STE.C EAST DUNDEE, IL 60118	Telephone Number (Including Area Code) 847-836-2000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
NATURAL GAS DRILLING & OPERATIONS	PROCESSED
Type of Business Organization  corporation  business trust  limited partnership, already formed  business trust  XX limited partnership, to be formed	SEP 2 4 2004
Month Year  Actual or Estimated Date of Incorporation or Organization: The Control of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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			A. BASIC IDI	ENTII	FICATION DATA	Y (2)			
2. Enter the information re	quested for the foll	owing:							
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	uer has	been organized w	ithin t	he past five years;				
<ul> <li>Each beneficial ow</li> </ul>	ner having the powe	er to vot	e or dispose, or dir	ect the	e vote or disposition o	of, 109	% or more of	a class	s of equity securities of the issuer.
<ul> <li>Each executive off</li> </ul>	icer and director of	corpora	ate issuers and of	corpoi	rate general and man	aging	partners of	partne	rship issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner of	partner	rship issuers.						
Check Box(es) that Apply:	XX Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
BUETTNER, LAWF	RENCE R.								
Business or Residence Addre		Street, C	City, State, Zip Co	de)					
14N679 ROUTE 2	STE.C	EAST	DUNDEE,	[L	60118				
Check Box(es) that Apply:	XX Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i WALBLAY, RONAL									
Business or Residence Addre 188 CAL BATSEL	ss (Number and S RD., BOWL	Street, C ING	GREEN, KY	421	.04		-		
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director	XX	General and/or Managing Partner
Full Name (Last name first, i BLUE FLAME ENI	•	ATIO	)N			<del></del>			
Business or Residence Addre 188 CAL BATSEL			City, State, Zip Co GREEN, KY	42	2104				
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and S	Street, C	City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street, (	City, State, Zip Co	ode)				<del>2</del>	
Check Box(es) that Apply:	Promoter	В	eneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and )	Street, (	City, State, Zip Co	de)		· · · ·		_	
Check Box(es) that Apply:	Promoter	В	enelicial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		<u></u>		·····		-		
Business or Residence Addre	ss (Number and	Street (	City, State, Zip Co	ide)					
	(		,, o, 2.1p Ot	/					

					В. І	NFORMAT	ION ABOU	T OFFERI	NG				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No			
Answer also in Appendix, Column 2, if filing under ULOE.											□XX		
2.	What is	s the minim	ıum investn			• •						<sub>\$</sub> 12	,500
3.	Does th	PLUS CO	MPLETIC permit join	N COST	S OF U	P TO \$1	2,500 F	PER UNI	Т			Yes	No
4.												ш	
Ful			fīrst, if ind SECURI		INC.								
Bus		Residence	Address (N	lumber and	Street, C			L 601	18				
Nar	ne of As		roker or De				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<del></del>		
		·											
Sta			Listed Ha										1.6.
	(Check	"All State	s" or check	individual	States)		***************************************	•••••		······		∐ A1.	l States
	AL XX MT RI	AK' IN NE SC	IA NV SD	KS NH TN	CA KXX NJ TX	LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if ind	ividual)	1		***	The state of the s			-		
Bus	siness or	r Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)		, <sub>1</sub>				
Nan	ne of As	sociated B	roker or De	aler		· · · · · · · · · · · · · · · · · · ·							
Sta	tes in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
												Al.	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if ind	ividual)					-				
Bus	siness o	r Residence	Address (	Number an	id Street, C	City, State,	Zip Code)						<u></u>
Nai	me of As	sociated B	roker or De	aler							<del></del>		
Sta	tes in W	hich Person	ı Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)	• • • • • • • • • • • • • • • • • • • •			*******************************	*************	***************************************	☐ Al	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)		\$
	Convertible Securities (including warrants)		
	Other (Specify)		\$
	Other (Specify)	2,500,000	§ 50,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Agavaanta
	•	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	s 50,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	T. v. v. 6 0.65	Type of	Dollar Amount
	Type of Offering  Rule 505	Security	Sold
	Regulation A		\$
	Rule 504		\$
			\$
4	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	····· 🔀	\$ 15,000
	Legal Fees	<b>X</b>	s 20,000
	Accounting Fees	······ X	s 15,000
	Engineering Fees	<b>X</b>	s 37,500
	Sales Commissions (specify finders' fees separately)	X	\$ 250,000
	Other Expenses (identify)		\$
	Total	Γ <b>Υ</b> 1	\$ 337 500

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer."	S	s_2,162,500
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used fo each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	<u>ł</u>	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		
	Purchase of real estate LEASES	XX \$ 62,500	. S
	Purchase, rental or leasing and installation of machinery and equipment		
	Construction or leasing of plant buildings and facilities	_	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		□\$
	Repayment of indebtedness		
	Working capital		
	Other (specify): <u>DRILLING &amp; COMPLETION COSTS PURSUANT TO</u> TURNKEY CONTRACT WITH MANAGING GENERAL PARTNER		
		<b>\$</b>	\$
	Column Totals	XX \$_2,162,5	O <b>O</b> \$
	Total Payments Listed (column totals added)	X S	2,162,500
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commister furnished by the issuer to any non-accreated investor pursuant to paragraph (b)(2) of	e is filed under Russion, upon writte	de 505, the following
Iss	uer (Print or Type) DI LIF FLAME 2004 LTD Signature	Date	
T0	BE FORMED BY BLUE FLAME ENERGY	9/17/04	
Na L	me of Signer (Print or Type) CORPORATION Title of Signer (Print or Type)  AWRENCE R. BUETTNER PRESIDENT OF BLUE FLAME ENER	SCA CUBBUBA.	TION

## - ATTENTION -

		E. STATE SIGNATURI			
1.		230.262 presently subject to any of the d		Yes	No
		See Appendix, Column 5, for state	response.		
2.	The undersigned issuer hereby un D (17 CFR 239.500) at such tim	dertakes to furnish to any state administrato es as required by state law.	r of any state in which this notic	e is filed a no	tice on Form
3.	The undersigned issuer hereby u issuer to offerees.	ndertakes to furnish to the state administra	tors, upon written request, info	rmation furn	ished by the
4.	limited Offering Exemption (UL	ts that the issuer is familiar with the condit OE) of the state in which this notice is filed of establishing that these conditions have	and understands that the issuer		
	ner has read this notification and kno thorized person.	ows the contents to be true and has duly caus	ed this notice to be signed on its	behalf by the	undersigned
Issuer (	Print or Type)	Signature	Date		
Name (	Print or Type)	Title (Print or Type)			

#### Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1					AP	PENDIX			***	
State         Yes         No         Accredited Investors         Amount         Von-Accredited Investors         Amount         Yes         No           AL         Image: Accredited Investors         Amount         Yes         No         Image: Accredited Investors         Amount         Yes         No           AL         Image: Accredited Investors         Image: Accredited Investors         Image: Accredited Investors         Amount         Yes         No           AL         Image: Accredited Investors         Image: Accredited Investors	1	Intend to non-a investor	l to sell .ccredited s in State	Type of security and aggregate offering price offered in state		amount pu	investor and rchased in State		Disqualification under State ULOE (if yes, attach explanation of waiver granted)	
AK       AZ         AR       AR         CA       AR         CO       AR         CO       AR         CO       AR         DE       AR         DC       AR         FL       AR         GA       AR         HI       AR         ID       AR         II       AR         IX       AR         KS       AR         KY       AR         MB       AR         MM       AR         MI       AR         MI       AR         MI       AR	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No
AK	AL									
AR CA CO	AK									
CA	AZ									
CO	AR									
CT         DE           DE	CA									
DE	СО									
DC         FL	СТ							7.25.00.20		
FL GA	DE									
GA         HI	DC									
HI	FL									
ID	GA									
IL         IN           IN         IA           IA         IA           KS         IA           KY         IA           LA         IA           ME         IA           MD         IA           MA         IA           MI         IA           MN         IA	HI									
IN         IA           IA         IA           KS         IA           KY         IA           LA         IA           ME         IA           MD         IA           MA         IA           MI         IA           MN         IA	ID									
IA	IL									
KS         (Y)	IN									
KY       LA         LA       LA         ME       MD         MD       MA         MA       MI         MN       MN	IA									
LA         ME           ME         MD           MD         MA           MI         MN	KS									
ME	KY	l								
MD	LA									
MA MI MN	МЕ									
MI MN	MD									
MN	MA									
<del> </del>	MI									
MS	MN									
	MS									

				APP	ENDIX				- *	
. 1	Intend to non-a	2 d to sell accredited s in State 8-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО										
МТ										
NE										
NV										
NH										
NJ		ı								
NM										
NY										
NC										
ND										
ОН										
OK						-				
OR			***************************************							
PA										
RI										
SC										
SD										
TN										
TX										
UT	· · · · · · · · · · · · · · · · · · ·									
VT										
VA		<del> </del>								
WA										
WV						·				
WI										

				APP	ENDIX					
1	Intend	2 I to sell ccredited	3 Type of security and aggregate offering price		4  Type of investor and					
	investor	s in State -Item 1)	offered in state (Part C-Item 1)		amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										